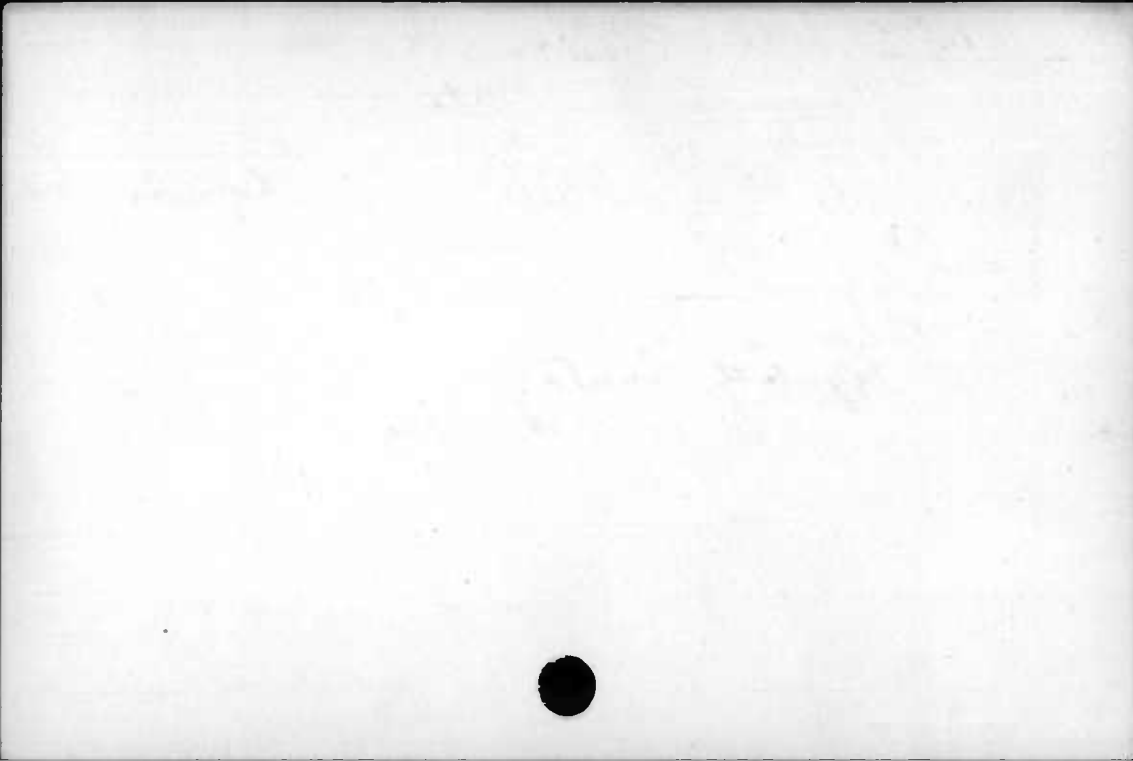
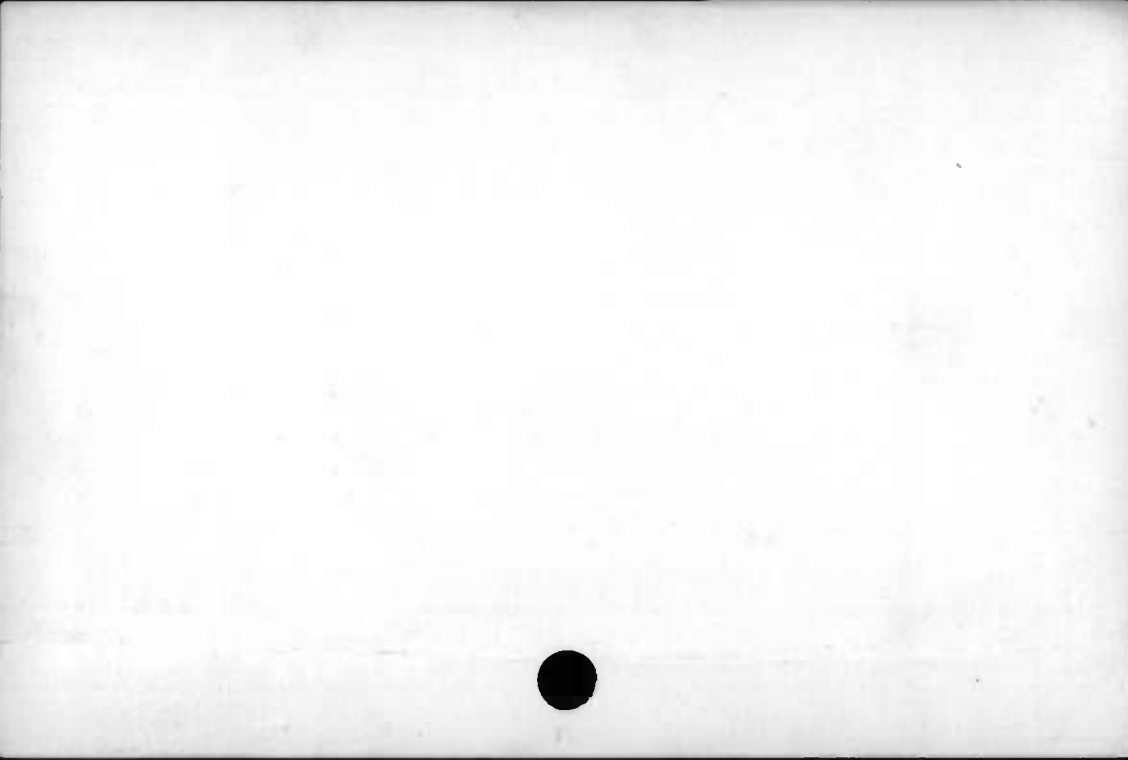


Name in Full <i>May E. Archer</i>		Town <i>Bear</i>		County <i>Harford</i>		CERTIFICATE OF DEATH	
Died at <i>Bear</i>		Month <i>July</i>		Day <i>27th</i>		Age <i>Eighty</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chesilton Md</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry H. Archer</i>					
Father's Name <i>John Walker</i>		Father's Birthplace <i>Kent County</i>					
Mother's Maiden Name <i>Elizabeth Constable</i>		Mother's Birthplace <i>Kent County</i>					
Name of person giving information <i>William S. Archer</i>		How related to deceased <i>son</i>					
CAUSES OF DEATH							
Primary <i>Organic heart disease</i>		How long <i>several years</i>					
Immediate							
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William S. Archer</i>		Address <i>Bear</i>			



Name in Full		MARY A. BILLINGSLEA				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Pleasantville		County Harford		MARYLAND	
	Date of death	1908	Month July	Day 1	Age 71	Years 4	Months Days
	Sex	Female		Color or Race	White		Birth-place Md.
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband Divorced			
	Father's Name	Thomas J. Ely				Father's Birthplace	Md.
	Mother's Maiden Name	Nanah May				Mother's Birthplace	Md.
Name of person giving information	Frank Billingslea				How related to deceased	Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(95)</div>							
PHYSICIAN OR CORONER	Primary	Congestion of Lungs				How long	20 hrs.
	Immediate	Heart-failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		I think so		Signature of Physician		
	Accident or Suicide?				Address		
				Rev. W. Davis M.D. Pleasantville Md Rev W. G. Walker			



Name
in
Full

Ronald W. Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

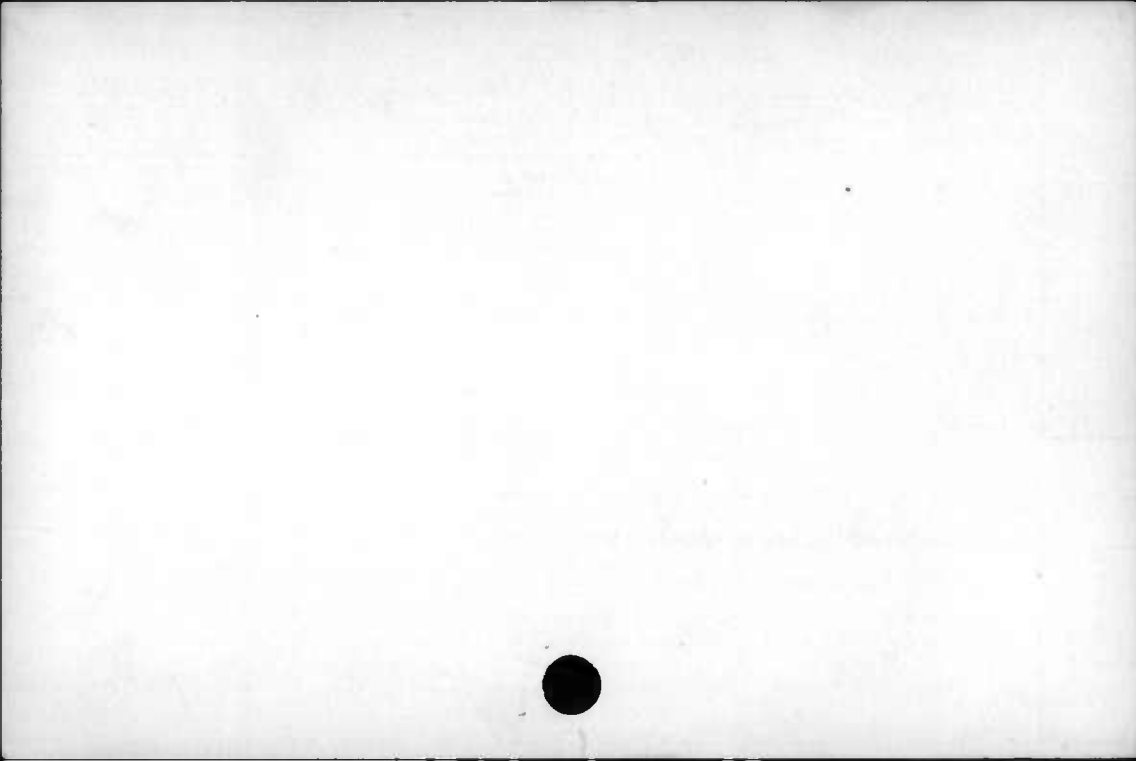
Died at <u>Town</u> <u>Jerusalem</u>		<u>County</u> <u>Harford</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>19th</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Jerusalem</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Worthington Lee Bosley</u>			Father's Birthplace <u>Harford Co Md</u>		
Mother's Maiden Name <u>Daisy V. Wain</u>			Mother's Birthplace <u>Melington Del</u>		
Name of person giving information <u>father (W.L. Bosley)</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

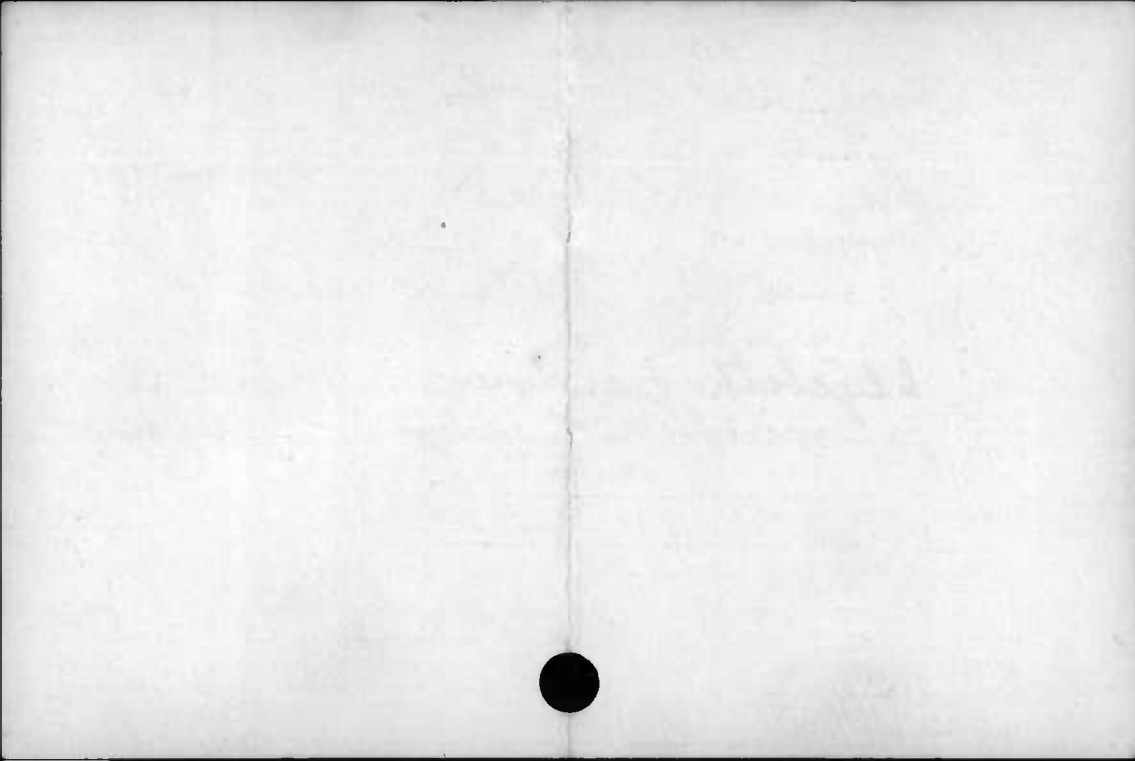
151

PHYSICIAN
OR CORONER

Primary <u>Premature birth</u>	How long <u>—</u>
Immediate <u>infection & low vitality</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>K. P. Peyer M.D.</u>
<u>Yes</u>	Address <u>Fopha Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full <i>John S. Crow</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Emmorton</i> Town		County <i>Harford</i>
	Date of death <i>1908</i>		Month <i>7</i> Day <i>20</i> Age <i>70</i> Years Months <i>10</i> Days
	Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <i>James Crow</i>	Father's Birthplace <i>md</i>	
	Mother's Maiden Name <i>Mary Callison</i>	Mother's Birthplace <i>md</i>	
Name of person giving information <i>James Crow</i>	How related to deceased <i>father</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>		How long <i>7 days</i>
	Immediate <i>Exhaustion & heart failure</i>		How long <i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J A Callahan</i>
	Address <i>Belt Camp md</i>		
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Calvin Davison

Died at *Forest Hill* Town *Harford* County

MARYLAND

Date of death *1908* Month *July* Day *18* Age *59* Years Months DaysSex *Male* Color or Race *White* Birth-place *Warren, W. Va.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Hattie Davison*Father's Name *Wm Davison* Father's Birthplace *New Jersey*Mother's Maiden Name *Elizabeth Gardner* Mother's Birthplace *"*Name of person giving information *J. Marion Richardson* How related to deceased *Nephew*

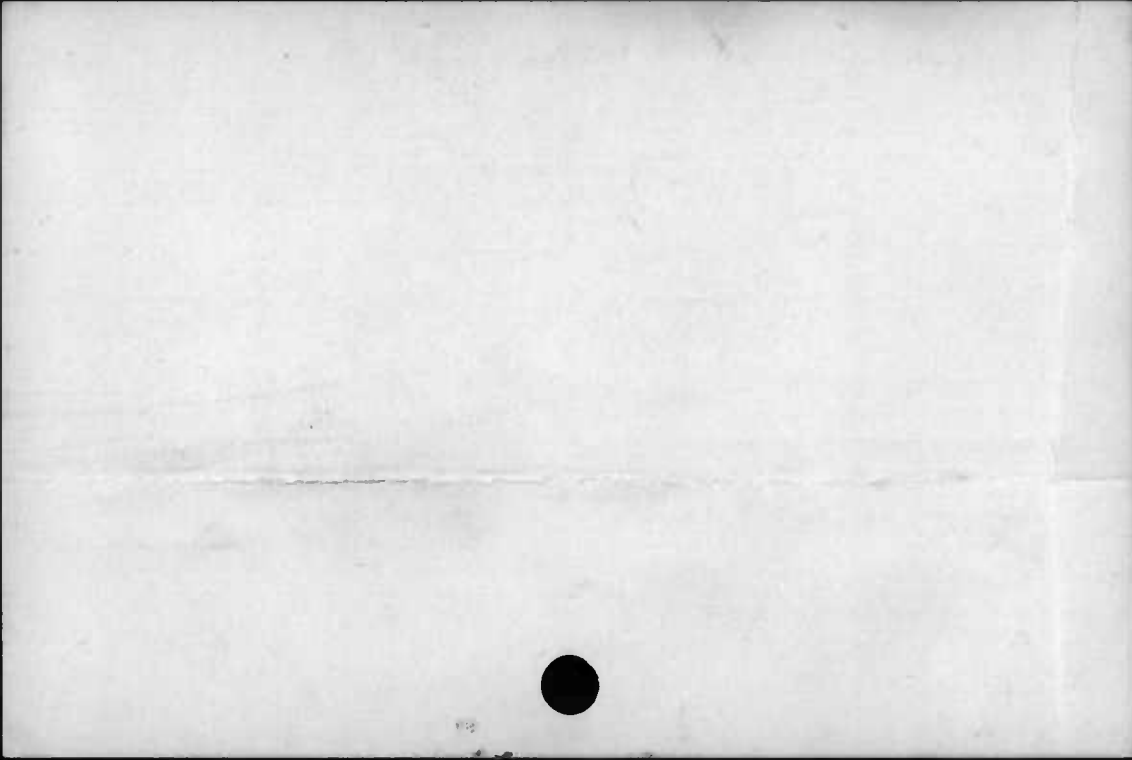
CAUSES OF DEATH

79

Primary *Heart Disease* How long *Sudden*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *F. P. Lenthorn*
Address *Forest Hill Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ellen E Engle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

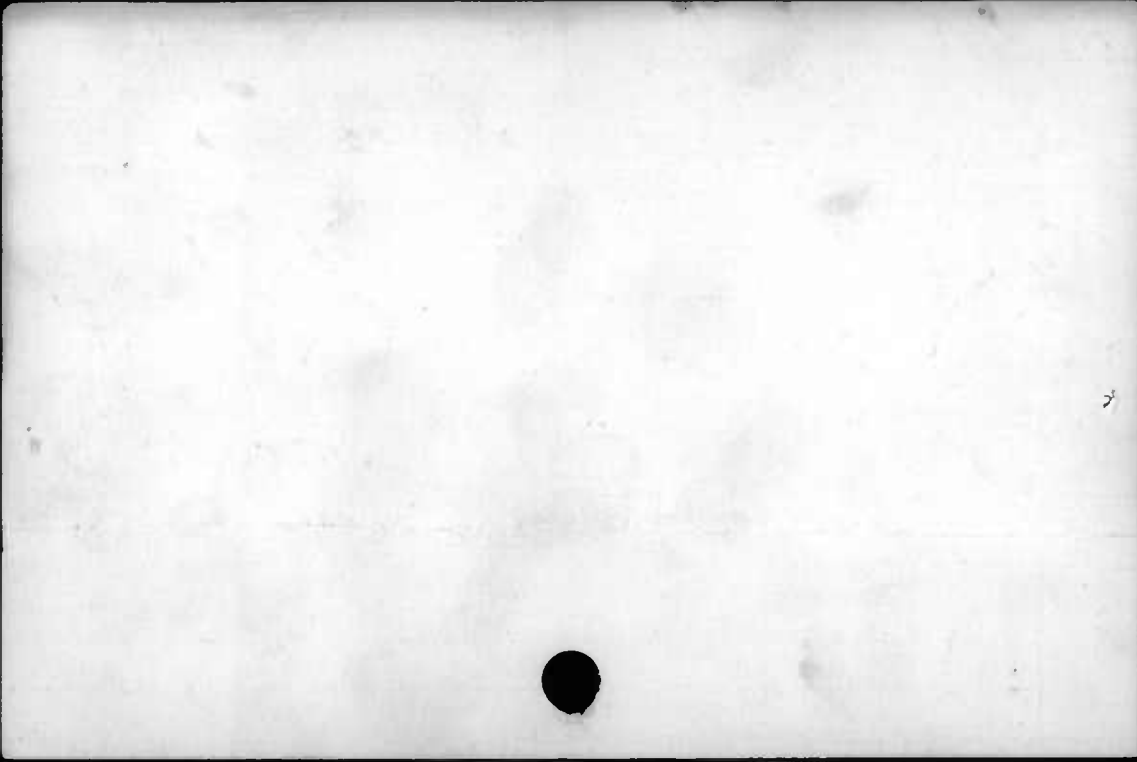
Died at <i>Rutledge</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908 July</i> <small>Month</small>		<i>22</i> <small>Day</small>	Age <i>26</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death <i>Md.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Howard Engle</i>				
Father's Name <i>Thomas Whittle</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Susan Russell</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Howard Engle</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 Mos.</i>
Immediate <i>Tubercular Spinal Meningitis</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville Md.</i>
Accident or Suicide?	



Name
in
Full

Robert A Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

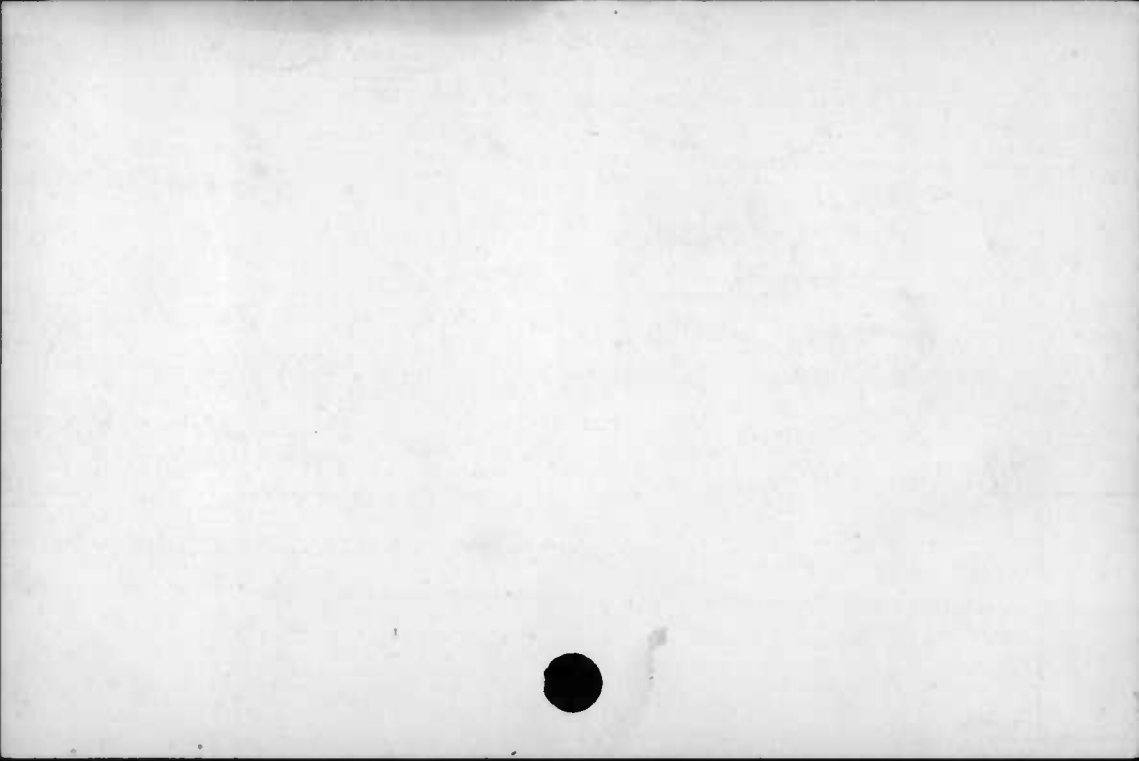
Died at <i>Loop Town</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>July</i> ^{Month}	<i>25</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months}	<i>25</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Loop Town Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>J Harry Gross</i>			Father's Birthplace <i>Harford Co Md</i>		
Mother's Maiden Name <i>Ozella Lovejoy</i>			Mother's Birthplace <i>Phoenix Md</i>		
Name of person giving information <i>J Harry Gross</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

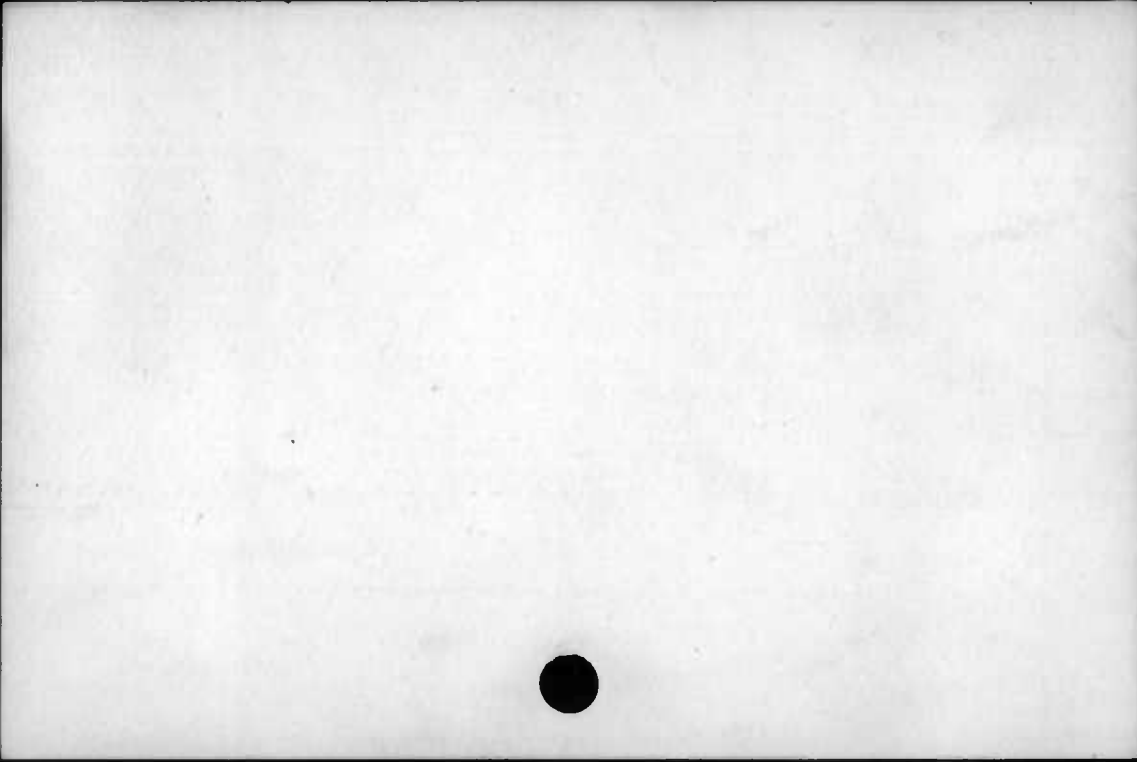
105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>10 days</i>
Immediate <i>Cholera Infantum</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville Md.</i>
Accident or Suicide? <i>J</i>	



Name in Full		Edward Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Havre de Grace		County Harford		MARYLAND
	Date of death		1908	Month July	Day 29	Age 78	Months 5
	Sex		Male		Color or Race White		Birth-place Havre de Grace
	Occupation		Merchant		Where Residing if not at place of death " " "		
	Married, Single or Widowed		Widower		Name of Wife or Husband Josephine C Hall		
	Father's Name		George M. Hall		Father's Birthplace Unknown		
	Mother's Maiden Name		Sophia White		Mother's Birthplace Unknown		
Name of person giving information		Sophia Hall		How related to deceased		Daughter	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">68</div>							
PHYSICIAN OR CORONER	Primary		Mental derangement			How long 3 years	
	Immediate		Heart failure			How long short time	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R W Smith		
					Address Havre de Grace		
Accident or Suicide?		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>					



Name
in
Full

Norman Saul Ikausk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

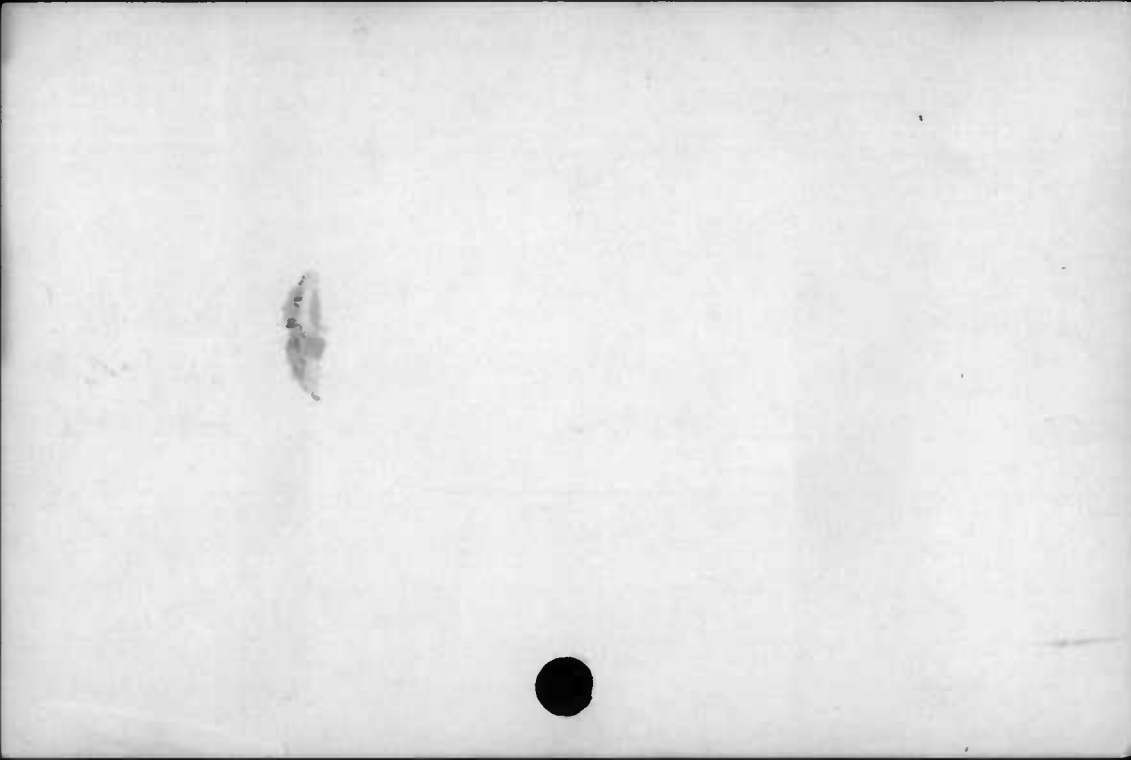
Died at ^{Town} Edgewood		^{County} Starfnd		MARYLAND	
Date of death	1908	^{Month} July	^{Day} 9	Age	^{Years} — ^{Months} 7 ^{Days} 20
Sex	Male		Color or Race	white	
Occupation	_____		Birth-place	Starfnd Co	
Where Residing if not at place of death			_____		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			wms Ird Ikausk		
Mother's Maiden Name			Ida Schullman		
Name of person giving information			wms Ikausk		
Father's Birthplace			Benn City		
Mother's Birthplace			Starfnd Co		
How related to deceased			Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	cholera infantum	How long	14 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Charles Roth	
Address		Edgewood ind	
Accident or Suicide?		9	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1908

Month

7

Day

27

Age

Years

Months

4

Days

Sex

Male

Color or
Race

White

Birth-
place

Balts. City

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mary Helenick

Mother's
Birthplace

W. Va.

Name of person giving
In formation

Mrs. Robt. Holland

How related
to deceased

none

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 mos.

Immediate

Meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

F. Lee Hughes
Bel Air Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm H. Johnson</i>		Town <i>Thomas Run</i>		County <i>Hampard</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1908 July 10</i>		Age <i>3</i>		Months <i>6</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Thomas Run</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joshua Johnson</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Hannah Forwood</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Joshua Johnson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis.</i>	How long	<i>6 months.</i>
Immediate	<i>Marasmus</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. S. Gorsuch M.D.</i>	
		Address <i>Churchville Ind.</i>	
Accident or Suicide? <i>—</i>			

91

Astring

Name
in Full

Rev. William Ware Kimball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Darlington</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year} <u>July</u> ^{Month} <u>6th</u> ^{Day}	Age	<u>50</u> ^{Years}	<u>11</u> ^{Months}	<u>3</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Pa.</u>
Occupation	<u>Pastor</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Violet M. Kimball</u>		
Father's Name	<u>Chas. E. Kimball</u>		Father's Birthplace	<u>Phila. Pa.</u>	
Mother's Maiden Name	<u>Sigismunda Striffling</u>		Mother's Birthplace	<u>Pa.</u>	
Name of person giving information	<u>Mrs. V. M. Kimball</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Cardiac ParalysisJ. H. TobiasDarlington, Md.



Name
in
Full

Adaline Tennant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

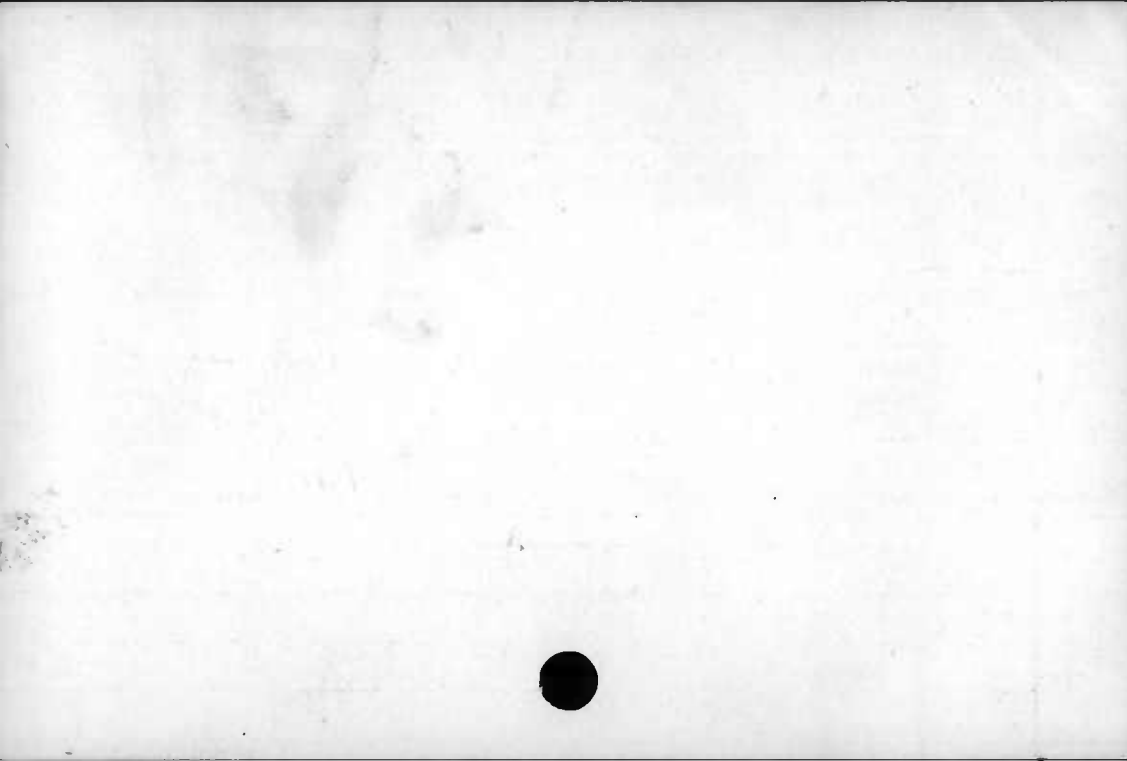
Died at <u>Dublin</u> <small>Town</small>		<u>Hartford</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>July</u> <small>Day</small> <u>6</u>		Age <u>80</u> <small>Years</small>		<u> </u> <small>Months</small> <u> </u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Pa</u>	
Occupation <u>House Keeper</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Christina Tennant</u>			
Father's Name <u>D. Katron</u>		Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>Reese</u>		Mother's Birthplace <u>Not Known</u>			
Name of person giving information <u>John Tennant</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

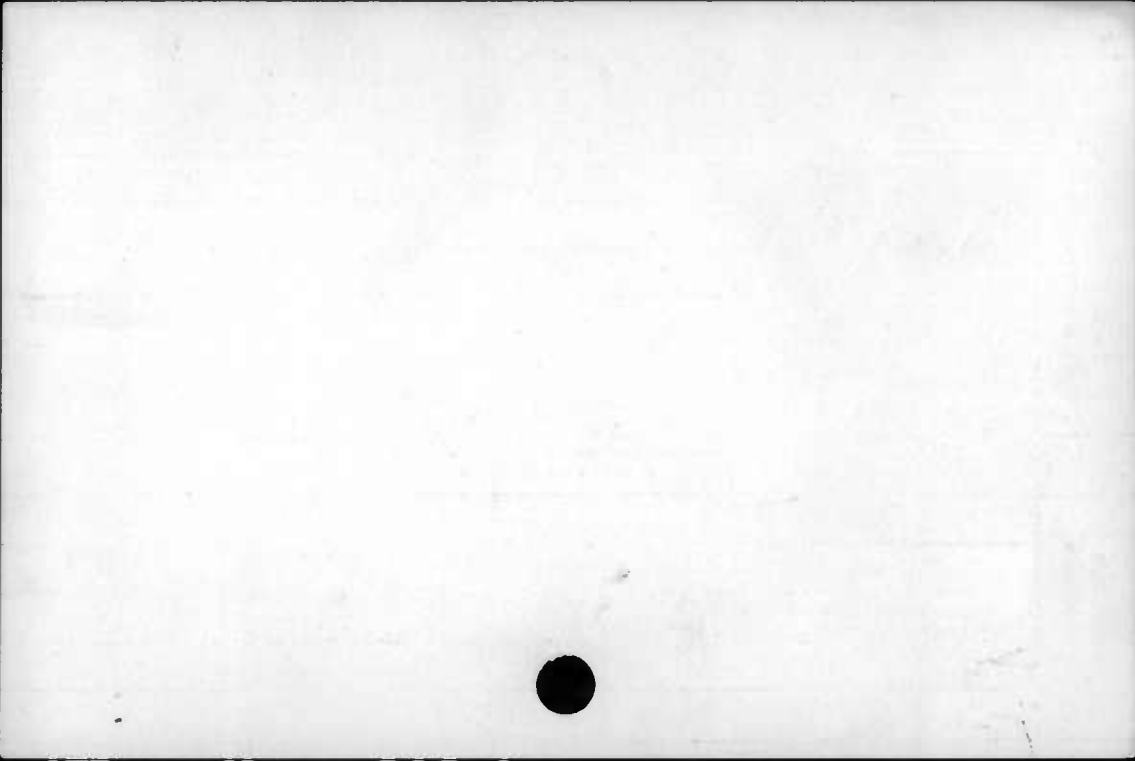
154

PHYSICIAN
OR CORONER

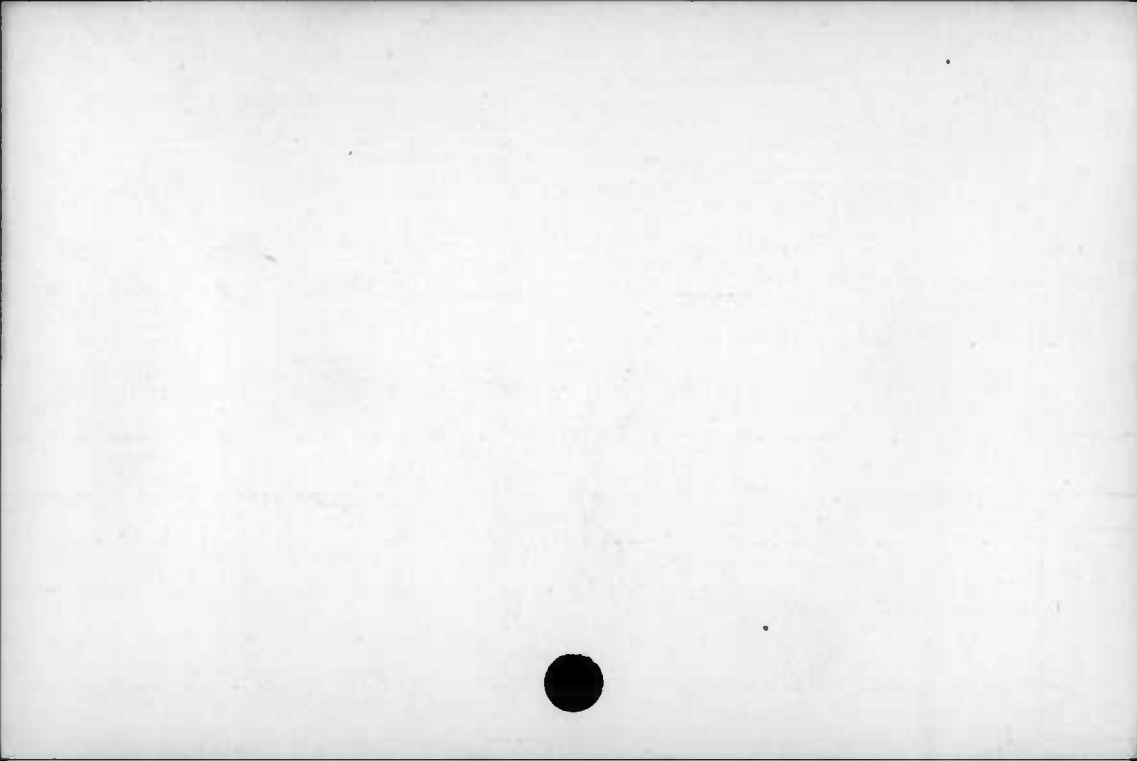
Primary	<u>Old Age</u>	How long	<u>154</u>
Immediate	<u>Old Age</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Thomas</u>	
<u> </u>		Address <u>Darlington, Md</u>	
Accident or Suicide?		<u> </u>	



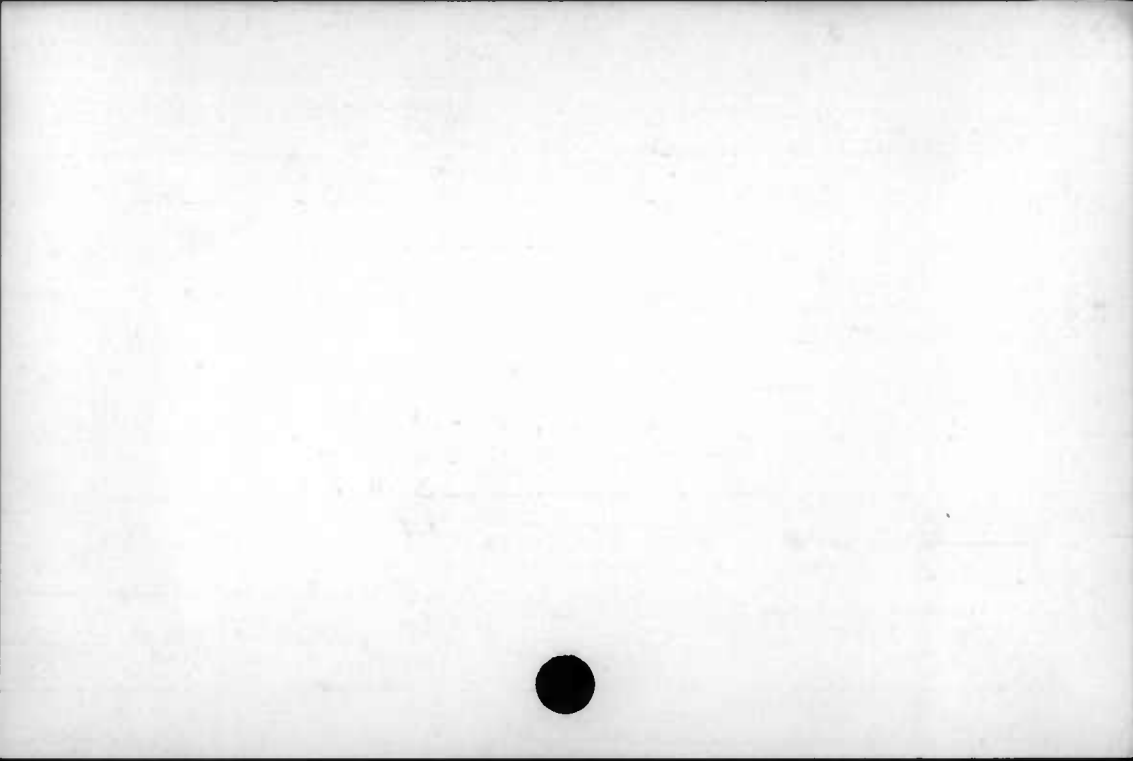
Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hickory</i> Town		County <i>Hayford</i>		
		Date of death <i>1908</i>		Month <i>7</i>	Day <i>23</i>	Age <i>60</i> Years
		Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Balts. City</i>	
		Occupation <i>Retired</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		
		Father's Name <i>Robt. A. Lytle</i>		Father's Birthplace <i>Hayford Co.</i>		
		Mother's Maiden Name <i>Maria Ridgely Godd</i>		Mother's Birthplace <i>Balts. Co.</i>		
		Name of person giving information <i>Miss Josephine Lytle</i>		How related to deceased <i>Sister</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">45</div>						
PHYSICIAN OR CORONER		Primary <i>Carcinoma (Umbilicus)</i>		How long <i>6 mos.</i>		
		Immediate		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Lee Hughes</i>		
				Address <i>Belt Air, Md.</i>		
		Accident or Suicide?				



Name in Full		Nancy McCreary				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Darlington		Harford County			
		Date of death		1908	Month July	Day 27	Age 60	Months 4	Days 16
		Sex		Female		Color or Race		White	
		Occupation		Housewife		Birth place		Lancaster Co. Pa.	
		Where Residing if not at place of death		Milmington Del.					
		Married, Single or Widowed		Married		Name of Wife or Husband		Wm. McCreary	
		Father's Name		Wm. Aldfield		Father's Birthplace		Penna.	
Mother's Maiden Name		Martha Fulton		Mother's Birthplace		Penna.			
Name of person giving Information		Mrs. J. Gorrell		How related to deceased		Sister			
		CAUSES OF DEATH				78			
PHYSICIAN OR CORONER		Primary		Myocarditis		How long			
		Immediate		Not Known		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. T. Davis, M.D.			
		Address		Darlington, Md.					
Accident or Suicide?									



Name in Full		Wiliam C. Maynader				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beldor ^{Town}		Harford ^{County}		MARYLAND	
	Date of death	1908	July	7	Age	79	Months — Days —
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Lawyer		Where Residing if not at place of death		Beldor	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Henry G. Maynader				Father's Birthplace	Virginia
	Mother's Maiden Name	Elizabeth Yeeloth				Mother's Birthplace	Ind
Name of person giving In formation	J. M. Maynader				How related to deceased	Nephew	
<div>CAUSES OF DEATH</div> <div>79</div>							
PHYSICIAN OR CORONER	Primary	Complication of disease				How long	
	Immediate	Heart Disease				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician	Chas. Richardson	
	Accident or Suicide?				Address	Beldor Ind	



Name
in
Full

Elba M. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

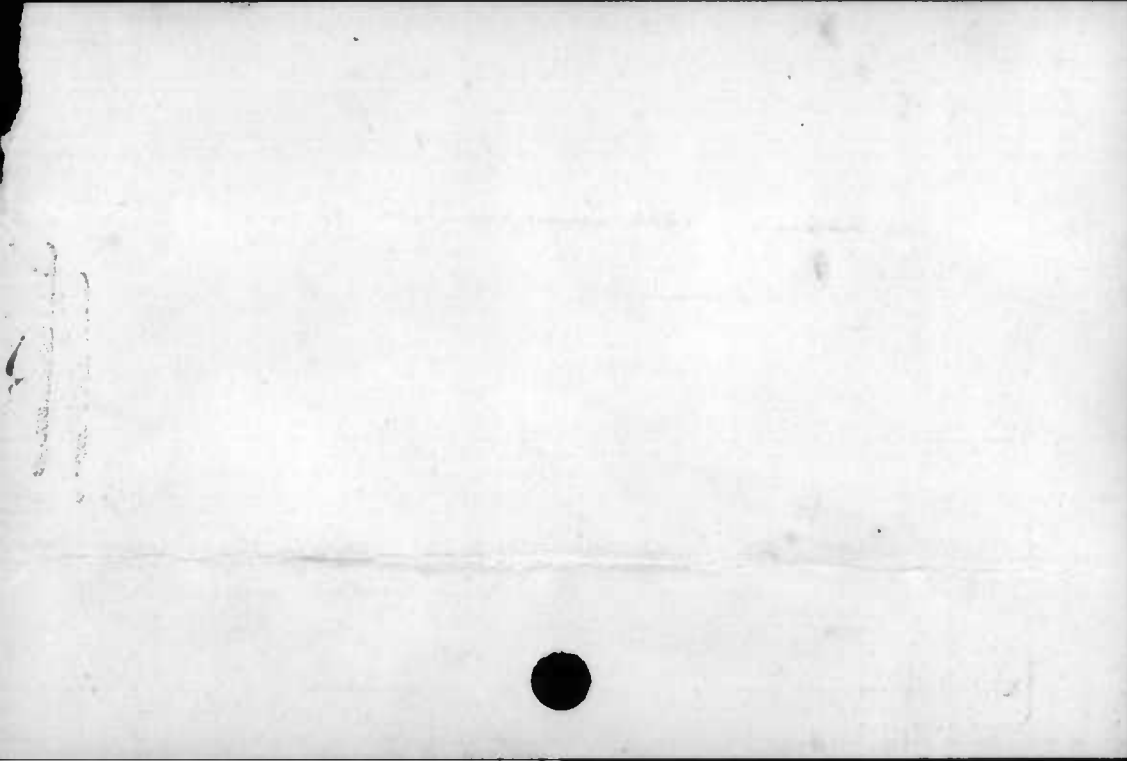
Died at <i>Pleasantville</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month	July	Day	14
Age	51	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	Pleasantville
Occupation	House Wife	Where Residing if not at place of death <i>Pleasantville</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Noble, L. Mitchell</i>		
Father's Name	<i>Thomas Cannon</i>			Father's Birthplace	<i>Pennsylvania</i>
Mother's Maiden Name	<i>Anna J. Wiggers</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Noble L. Mitchell</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long	<i>One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Davis</i>	
		Address <i>Pleasantville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Emma Willing Mitchell</i>		Town <i>near Aberdeen</i>		County <i>Harford</i>		MARYLAND									
Died at <i>near Aberdeen</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>25</i>		Age <i>63</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Aberdeen</i>											
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Aberdeen</i>													
Married, Single or Widowed		Name of Wife or Husband <i>Emma W Mitchell</i>													
Father's Name <i>Geo Harris</i>		Father's Birthplace <i>Baltimore City</i>													
Mother's Maiden Name <i>Mary Hopkins</i>		Mother's Birthplace <i>Harford Co Md</i>													
Name of person giving information <i>Mrs Math Hopkins</i>		How related to deceased <i>aunt</i>													

CAUSES OF DEATH

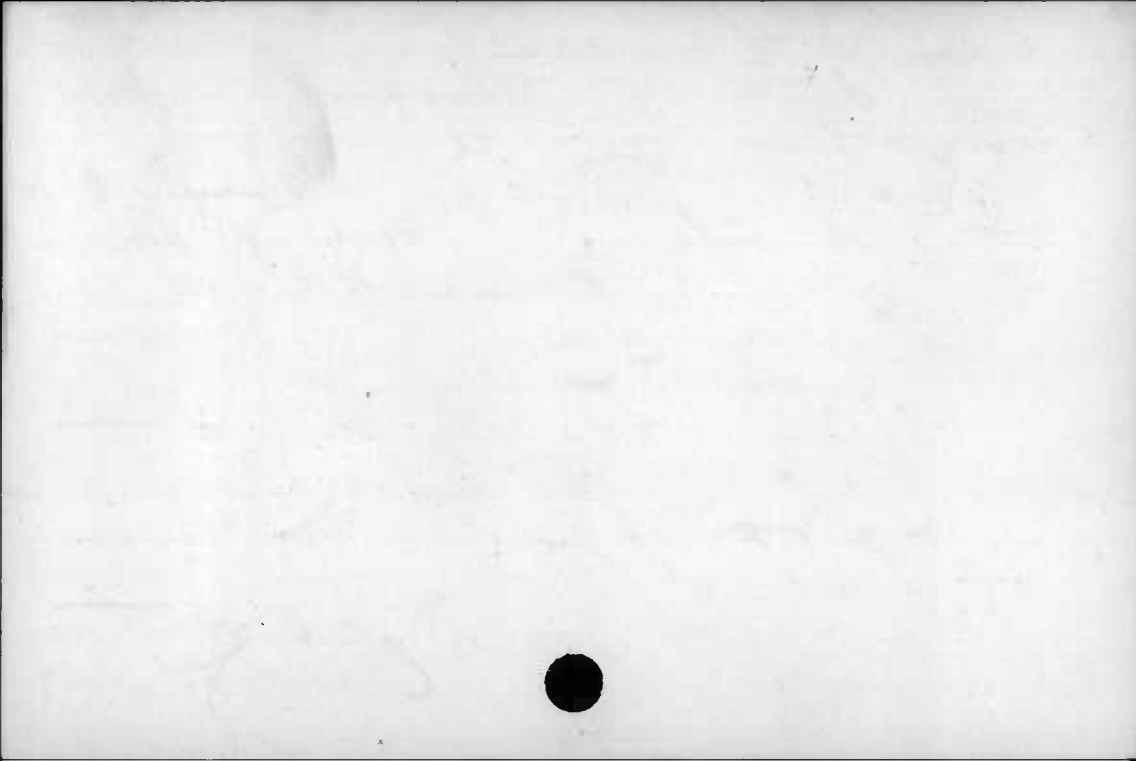
114

PHYSICIAN
OR CORONER

Primary <i>Inflammation Liver</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Kummer</i>
	Address <i>Aberdeen, Md</i>
Accident or Suicide?	



Name in Full		Joseph Earl Motson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Street		Town		County		MARYLAND
	Harford		Harford		Harford		
	Date of death	1908	Month	July	Day	24 th	Age
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Phila. Pa.
					Where Residing if not at place of death		2520 Dakota St. Phila. Pa.
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Joseph Motson		Father's Birthplace		Harford, Co. Md.
	Mother's Maiden Name		Emma Johnson		Mother's Birthplace		Harford, Co. Md.
	Name of person giving information		Mrs. S. Johnson		How related to deceased		Aunt.
	<div>CAUSES OF DEATH</div> <div> <input checked="" type="checkbox"/> 27 </div>						
	Primary		Tuberculosis		How long		5 mo.
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Tobias, M.D.			
		Address		Harlington, Md.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eligius H Nagle

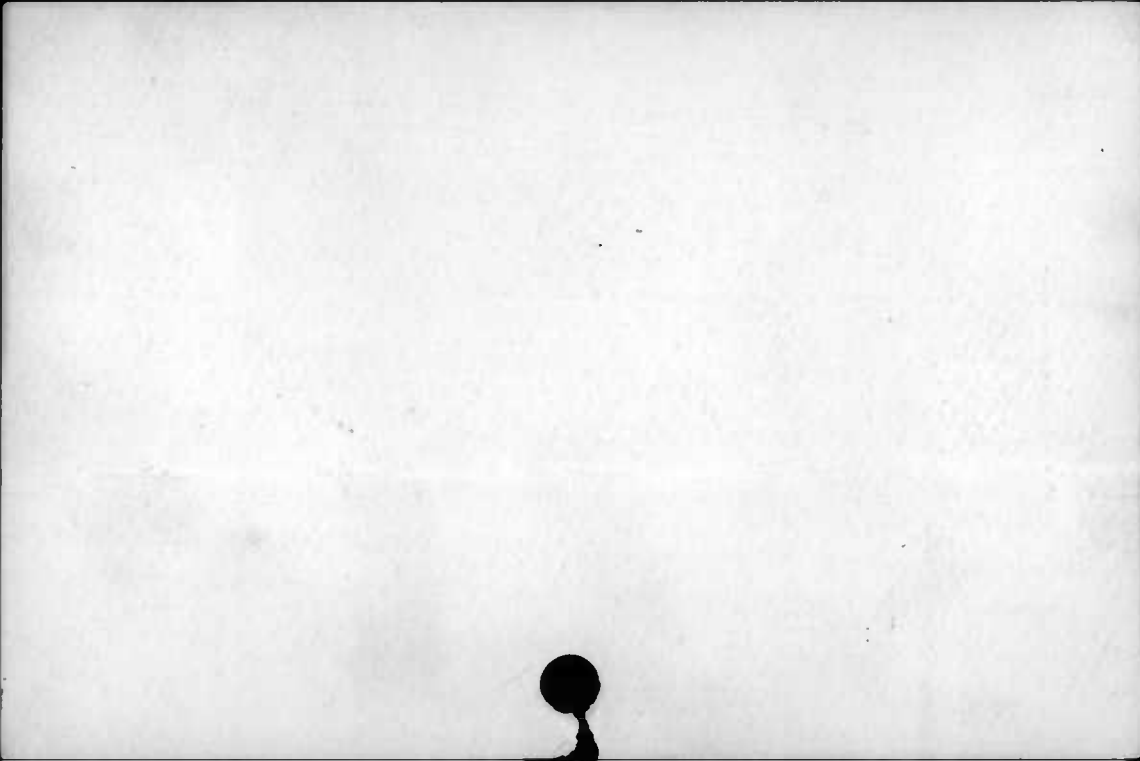
Died at <i>Street</i>		County <i>Harford</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>July</i>	Day <i>17</i>	Age <i>82</i>	Years <i>4</i> Months <i>4</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Harford Md</i>		
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>Harford Md</i>				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Emanuel Nagle</i>				
Father's Name <i>Thomas Horor</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>E. Saint Shady</i>	Mother's Birthplace				
Name of person giving information <i>Thomas Nagle</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>4 days</i>
Immediate <i>15</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Clayborne Norris

CERTIFICATE OF DEATH

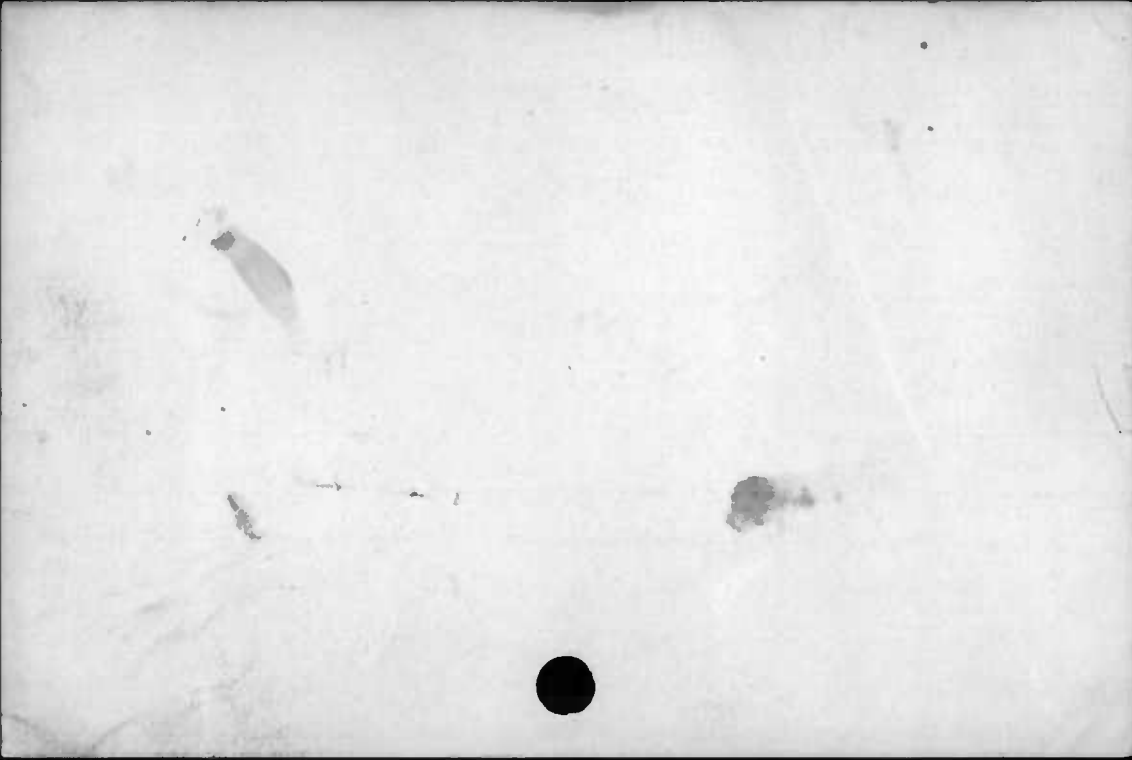
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Edgewood		Harford		MARYLAND	
Date of death	1908	Month	July	Day	14	Age	26
Sex	Male	Color or Race	white	Birth-place	Harford Co Md	Months	6
Occupation	RR Fireman			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Alexander P Norris				Father's Birthplace	Virginia	
Mother's Maiden Name	Mary A Paultz				Mother's Birthplace	Harford Co Md	
Name of person giving information	Alex P Norris				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Chas E Roth		
	Address		
	Edgewood Md		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm H Pinkney

Town *Havre de Grace* County *Harford*

Died at *Havre de Grace*

Date of death *1908* Month *July* Day *27* Year *68* Months *-* Days *-*

Sex *Male* Color or Race *col* Birth-place *Harford Co*

Occupation *Labor* Where Residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband *Adeli Chambers*

Father's Name *Sam Pinkney* Father's Birthplace *Baeti Co*

Mother's Maiden Name *Unobtainable* Mother's Birthplace *Unobtainable*

Name of person giving information *Stepson* How related to deceased *Stepson*

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *a few weeks*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Al Crother*

Address *Havre de Grace*

Accident or Suicide? *No*



Name
in
Full

Solores Katherin Register

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Scarbora</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>28</i>	Age <i>2</i>	Months <i>2</i>	Days <i></i>
Sex <i>F</i>	Color or Race <i>White</i>	Birth-place <i>Washington DC</i>			
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Edward C. Register</i>			Father's Birthplace <i>Wilmington NC</i>		
Mother's Maiden Name <i>May Rhodes</i>			Mother's Birthplace <i>Wilmington NC</i>		
Name of person giving information <i>me Mary B. Register</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsion</i>	<i>71</i> How long <i>Immediate</i>
Immediate	<i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Ephraim Hopkins</i>
		Address <i>Darlington MD</i>
Accident or Suicide?		

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Frederick P. Ripkin		Town Stepney		County Harford		MARYLAND	
Died at		Date of death		Age		Months	
		1908 July 26 th		51 Years		2 Days 19	
Sex Male		Color or Race White		Birth-place			
Occupation Merchant		Where Residing if not at place of death Stepney					
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Not Known		Father's Birthplace Hollands					
Mother's Maiden Name Not Known		Mother's Birthplace Hollands					
Name of person giving information daughter		How related to deceased					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Spinal Meningitis	How long	Four days
Immediate	Paralytic of respiratory	How long	unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Richard Oppermann	
Yes		Address Abingdon	
Accident or Suicide?			

Mount

Name
in
Full

Laina Robinson

CERTIFICATE OF DEATH

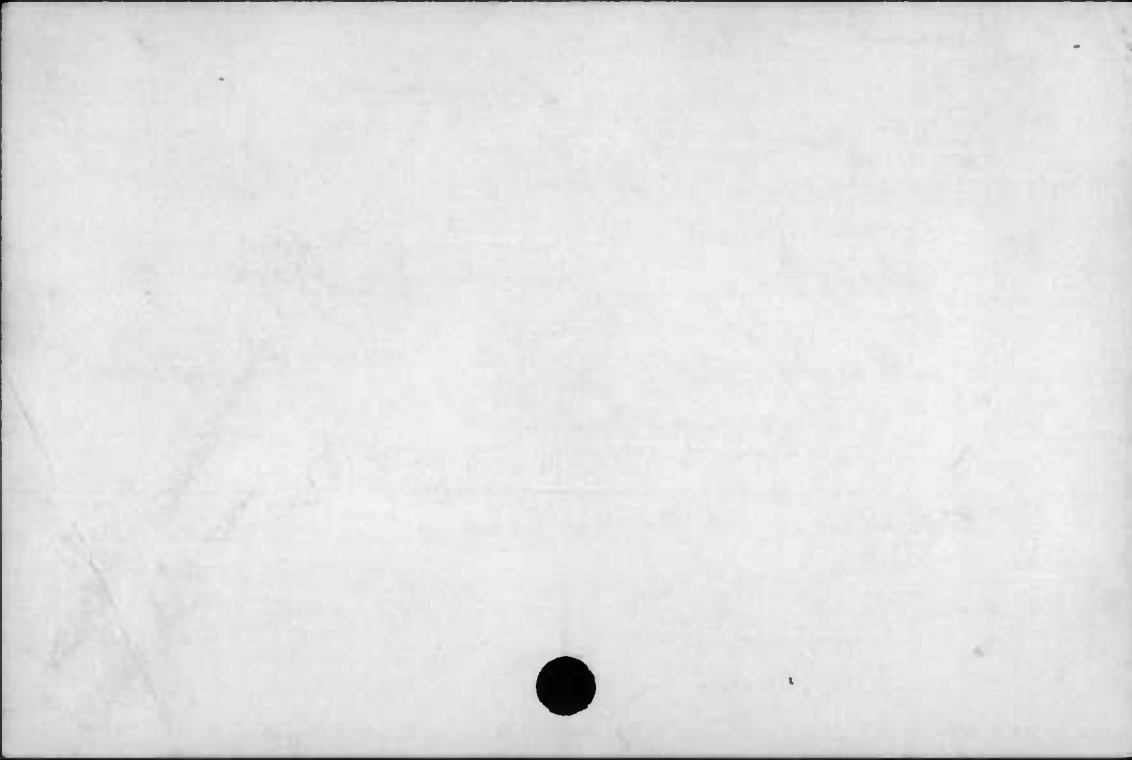
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Edgewood	Town	Harford	County	MARYLAND					
Date of death	1908	Month	July	Day	19	Age	79	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Dorchester					
Occupation	Housewife			Where Residing if not at place of death						
Married, Single or Widowed	Widow			Name of Wife or Husband			Joseph Robinson			
Father's Name	Unknown			Father's Birthplace			Unknown			
Mother's Maiden Name	Unknown			Mother's Birthplace			Unknown			
Name of person giving information	Son-in-law, Wm. Smith			How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Smith degeneration		How long	3 years.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Charles Roth
			Address	Edgewood
Accident or Suicide?				md



Name
in
Full

CERTIFICATE OF DEATH

Jennie Sebtro

Town

County

Died at

Harre del trace

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 July

18

Age

—

6

4

Sex

Female

Color or
Race

W. lite

Birth-
place

Harre del trace

Occupation

None

Where Residing if not
at place of death

.. ..

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Vinny Sebtro

Father's
Birthplace

Italy

Mother's
Maiden Name

Raffalo Zune

Mother's
Birthplace

Italy

Name of person giving
In formation

Vinny Sebtro

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

one week

Immediate

Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. N. Smith

Address

Harre del trace

Har

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Hannah J. Singley
Town *Glennville* County *Hagerston*

CERTIFICATE OF DEATH

MARYLAND

Died at *Glennville* Month *7* Day *5* Age *68* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of *Deceased* or Husband *Eliza J Singley*

Father's Name *James Griffith* Father's Birthplace *Ind*

Mother's Maiden Name *Do not know* Mother's Birthplace *Ind*

Name of person giving information *Wm Singley* How related to deceased *Son*

CAUSES OF DEATH

154

Primary *Senility* How long *one year*
Immediate *Jaundice + Heart Failure* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W B Kirk
Darlington Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Kate E. E. Virdin		CERTIFICATE OF DEATH	
Died at Capitulum Md. Harford		TOWN County	
Date of death 1908 July 10		Age 78 Months 9 Days 1	
Sex Female		Color or Race White	
Occupation Doctor's wife		Birth-place Old Point, Va	
Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Dr. W. W. Virdin	
Father's Name Joseph Dunn		Father's Birthplace Arkansas	
Mother's Maiden Name Edizabeth H. Dunn		Mother's Birthplace Unknown	
Name of person giving information S. A. Hughes		How related to deceased	
CAUSES OF DEATH			
Primary Cancer of Rectum		How long 2 years	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. G. Fisher	
Address Gold Beach, Ind.			
Accident or Suicide?			



Name
in
Full

Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Barclay</u> Town		<u>Harford</u> County			
Date of death <u>1908</u> Month <u>July</u> Day <u>25</u>		Age <u>25</u> Years		Months	Days <u>12</u> Hours
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Barclay Md</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm W Williams</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Maggie Williams</u>		Mother's Birthplace <u>Penns.</u>			
Name of person giving information <u>Wm W Williams</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Atelactasis Pulmonum

Immediate

Are the name, age, sex, color, date and place correctly given above?

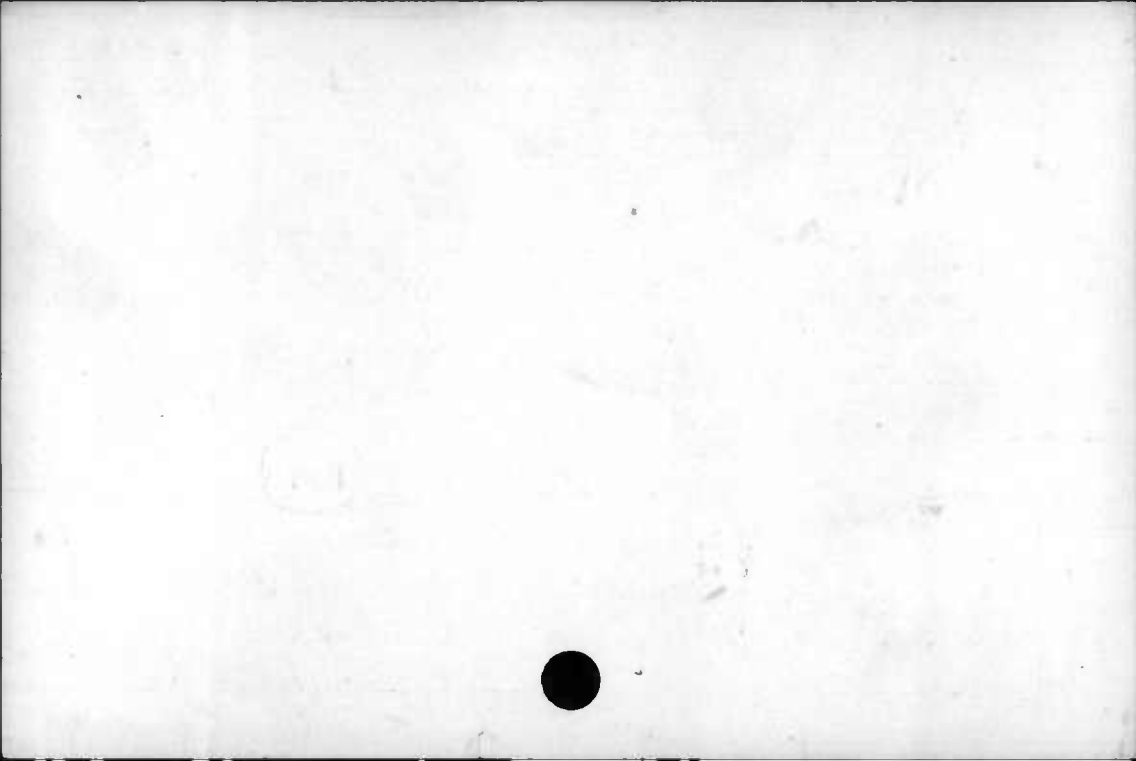
Yes.

Signature of Physician

Address

R. Warner Ramsey
Della. Pa.

Accident or Suicide?



Name
in
Full

Catherine Meyer.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Madonia

Harford

Date

Month

Day

Years

Months

Days

of death 190

8

July

25

Age

41

1

Sex

Female

Color or
Race

White

Birth-
place

Germany

Married, Single
or Widowed

Occupation

House Keeper

Name of Wife or
Husband

Laurence Meyer

Father's
Name

Not Known

Father's
Birthplace

Germany

Mother's
Maiden Name

Catherine St. Paul

Mother's
Birthplace

Germany

Name of person giving
In formation

Charles Parson

How related
to deceased

None

CAUSES OF DEATH

138

Primary

How long

Immediate

Puerperal Eclampsia

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

F. T. Turner

Address

White Hall

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

